

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL084004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/04/2015
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NAME OF PROVIDER OR SUPPLIER

SPRING ARBOR OF ALBEMARLE

STREET ADDRESS, CITY, STATE, ZIP CODE
**315 PARK RIDGE ROAD
ALBEMARLE, NC 28001**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 11-4-2015. Records indicate this facility was first licensed as a Home for the Aged serving 78 residents on 10-27-1997. Therefore the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code Section 409.1 Group I -Institutional Occupancy-Unrestrained. Deficiencies were noted which will require a new Plan of Correction.	C 000	It is the community's standard practice to comply with the referenced regulations. <u>Plan of Correction:</u> The door between the laundry room and soiled linen room is to be closed. Linen covers for the barrels have been placed on each one stored in linen room. <u>Prevention of Re-occurrence:</u>	
C 140	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room; This Rule is not met as evidenced by: Based on observation, the clean linens were not properly separated from the soiled linens. Failure to separate clean and soiled linens can cause the clean linens to become re-contaminated. Findings include: a. The door between the laundry and the clean linen room was found to be propped open. b. There was an unpleasant odor in the laundry. c. The soiled linen tubs were being stored in the	C 140	Signage has been placed on doorway and on each linen cart lid. <u>Monitor Responsibility & Frequency:</u> Maintenance Director and Executive Director to monitor on a regular basis. <u>Plan of Correction Completion Date:</u> November 11, 2015	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

LeAnn Nance

Executive Director

11/4/16

Division of Health Service Regulation

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C 140	Continued From page 1 clean linen room without covers.	C 140		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the facility was remodeling the rear portion of the building and had obstructed an exit path from the rear of the facility. Finding include: a. A temporary locked control door had been installed across the corridor, near room 306, to prevent residents from entering the construction area. b. The control door results in an obstructed exit and a single direction exit path (dead end) of about 66 feet. The local Fire Marshal, Brian Taylor, was called in for a consultation on how to best correct the current dangerous condition. The following corrections were agreed to and documented in a Plan of Protection. a. Stop construction immediately. b. Clear the exit corridor through the construction area. c. Remove storage from room 306. d. Remove window in room 306 and install a temporary exit door. e. Provide a hard path from new exit to the permanent public way at the driveway. f. Provide lighting at the rear porch of the kitchen for the new exit.	C 150	It is the community's standard practice to comply with the referenced regulations. <u>Plan of Correction:</u> A. The temporary locked door was removed on 11/4/15. B. Control door was removed allowing less than 66 feet to left exit. <u>Prevention of re-occurrence:</u> As part of the plan of protection, the door was removed and a clear path to exit corridor was provided, along with temporary door, lighting to the outside, new walkway with handrail to sidewalk completed on 11/5/15. <u>Completion Date:</u> November 5, 2015	

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C 150	Continued From page 2 g. Install a guard on each side of the new exit way to direct exiting to the public way and away from the construction areas. h. Construction can resume when the new exit is installed and approved by the local Fire Marshal.	C 150		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there were no rehearsals done during the 2nd and 3rd shifts. b. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. c. In the 3rd quarter of this year, there was no rehearsal done on any shift.	C 185	<u>Plan of Correction:</u> Executive Director spoke with Maintenance Director about performing fire drills in accordance of the state regulations. <u>Prevention of Re-occurrence:</u> Binder set up with monthly inspections to be performed by Maintenance Director. Executive Director to monitor on a regular basis. <u>Monitor Responsibility & Frequency:</u> Executive Director to monitor on a regular basis. <u>Plan of Correction Completion Date:</u> November 4, 2015	

Division of Health Service Regulation

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C 189	Continued From page 3	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe condition because a portion of the fire sprinkler system was disabled. A fire sprinkler system that is not in working order is a potential hazard to all occupants of the building. Findings include: a. The fire sprinkler system is composed of a dry system for the attic and porches and a wet system for the heated portions of the facility. b. The dry system had been disabled because of a bad air compressor. c. The facility was conducting a fire watch until the sprinkler system is restored. d. The person conducting the fire watch had other duties along with the fire watch. The local Fire Marshal, Brian Taylor was called and a proper fire watch was begun. A Plan of Protection was completed stating the fire watch will continue until the sprinkler system is certified as working properly.</p> <p>2. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the</p>	C 189	<p><u>Plan of Correction:</u></p> <ol style="list-style-type: none"> 1. A designated person was brought in to perform fire walks with no other duties on 11/4/15 and to continue until alarm sprinkler system is back in operation. 2. Door that did not latch appropriately were repaired to operate accordingly on 11/5/15. 3. Makson, monitoring company, was notified of the improper magnetization not working appropriately on 11/5/15. 4. Battery powered emergency lights replaced on 11/5/15. 5. Duct detectors were installed in mechanical rooms and boiler room on ???????? 6. Holes in the ceiling and/or walls repaired on 11/5/15. 7. Appropriate containers for oxygen was delivered on 11/5/15. 8. Maintenance director was informed to perform monthly safety inspections on each fire extinguisher monthly on 11/4/15. 9. Maintenance director was informed to perform monthly inspection on fire suppression system and food service director was shown how to perform as well on 11/4/15. 10. Receptacle was replaced outside of room 118 on 11/7/15. 11. Cover box was installed in boiler room on 11/5/15. 	

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C 189	<p>Continued From page 4</p> <p>possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. The 1 hour rated door to the laundry does not close properly. b. The door to room 209 will not latch when closed. c. One of the pair of doors to the Activity room will not close and latch. d. The pair of doors to the Dining room will not close properly and latch. e. The 1 hour door from the kitchen to the Dining room was wedged open. f. The 1 hour door from the kitchen to the Dining room would not close and latch. g. The closer has been removed on the 1 hour door to the clean linen room. There is no other fire separation from the laundry. <p>3. Based on observation, the magnetic hold open devices released upon activation of the fire alarm system but then re-energized when the fire alarm system was silenced. Magnetic hold opens that re-energize before the fire alarm system is fully reset could allow smoke and fire to quickly spread throughout the facility.</p> <p>4. Based on observation, some battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include:</p> <ul style="list-style-type: none"> a. The emergency light in the corridor near room 215 was inoperable. b. The emergency light in the Sunroom beside room 214 was missing. <p>5. Based on observation, several duct mounted</p>	C 189	<p><u>Prevention of Re-occurrence:</u></p> <p>Maintenance director to monitor on an ongoing basis.</p> <p><u>Completion Date:</u></p> <p>All completed on or before 11/6/15</p>	

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C 189	<p>Continued From page 5</p> <p>smoke detectors are installed but no access doors are provided to allow inspection and maintenance. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. Findings include duct detectors installed in the following spaces:</p> <ul style="list-style-type: none"> a. Mechanical room off the Sunroom beside room 214. b. Mechanical room beside the Cafe. c. Boiler room. <p>6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Hole in wall in file room where an emergency light has been removed. b. Unsealed sleeve (3 inch) in "House Storage" behind Executive Director's office. c. Hole in ceiling of boiler room. <p>7. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved container in a resident bedroom.</p> <p>8. Based on a review of documents, the fire extinguishers are not being inspected monthly as</p>	C 189		

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C 189	Continued From page 6 required. Failure to perform monthly safety inspections could cause the extinguisher to fail to work when needed. Findings include: The fire extinguishers had not been inspected in August, September, and October. 9. Based on a review of documents, the range hood fire suppression system is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The range hood fire suppression system had not been inspected since May. 10. Based on observation, the GFCI type receptacle outside the exit near room 118 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. 11. Based on observation, there was no cover provided for an electrical junction box in the boiler room. Approved covers are required on all junction boxes.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage;	C 199	<u>Plan of Correction:</u> Reconnect exhaust fans to work properly. <u>Prevention of Re-occurrence:</u> Maintenance to monitor on an ongoing basis.	

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C 199	<p>Continued From page 7</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include exhaust not working in the following spaces; a. Soiled linen, b. Janitor closet, c. Laundry, d. Biohazard closet.</p>	C 199	<p><u>Monitor Responsibility & Frequency:</u></p> <p>Maintenance Director to monitor on a regular basis.</p> <p><u>Completion Date:</u></p> <p>November 5, 2015</p>	